

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|-------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | <i>1020</i> | <i>4/4</i> |
| FORMALITY REVIEW | | | <i>04/23/07</i> |
| RESPONSE FORMALITY REVIEW | <i>JK</i> | <i>835</i> | <i>07/26/07</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final Original | |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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7-27-07
 10-6-07
 10-4-23